Osher Lifelong Learning Institute & Rivers Run Instructions to Request an RIT University ID (April 2023)



If you have ever been associated with RIT in any way (former staff/faculty, student, parent of a student, etc.), you likely already have a UID number. Contact registrar@rit.edu to check before submitting a form.

- 1. Go to https://start.rit.edu/IdentityRequest
- 2. Select the reason you need a University ID (Osher Lifelong Learning or Rivers Run)
- 3. Enter personal email address
- 4. Enter preferred First Name and Last Name

University ID Request

Select the rea	ison you need a University ID.
Reason	
○ Facilities N	Management Services
Freelance	Interpreter/Captionist
Margaret's	s House
Osher Life	elong Learning Institute
O Project Le	ad the Way Master Teacher
RGH	
RIT Inn an	nd Conference Center
Rivers Ru	n
O ROTC	
○ Temp/Con	stractor via agency (Datrose, etc.)
Veterans l	Upward Bound
Other RIT	Affiliation
Personal ema	
johnsmith@	
Confirm Pers	sonal email address
johnsmith@	gmail.com
Preferred Fire	st Name
John	
Last Name	
Smith	
Submit	

5. Click Submit

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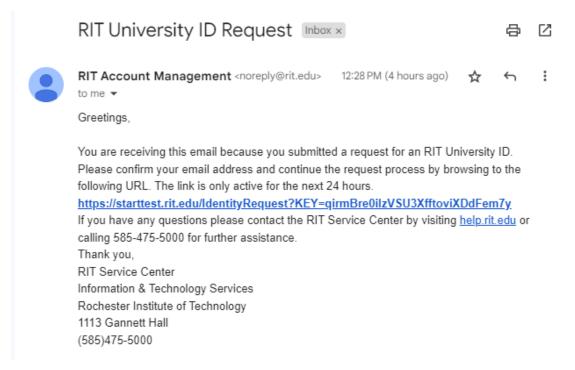
University ID Request Email Sent

Thank you for requesting an RIT University ID.

An email has been sent to the personal email address you provided. Please follow the link and instructions in the email to continue the University ID process. If you did not receive the email, please check your spam or junk folder.

If you have any questions please contact the RIT Service Center by visiting help.rit.edu or calling 585-475-5000 for further assistance.

6. An email containing a verification link is sent to the personal email address. *Note: The link is valid for 24-hours.*



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7. Follow the link to complete the optional data elements (Legal First name, Middle Name, Suffix, address, DOB) and validate the request.

University ID Request

Thank you for confirming your email addre	ss! Please fill out the form below.	
By collecting your address and date of birth	n, RIT will be able to identify you as the owner of this Univers	ity ID should you need assistance in the future.
Preferred First Name Christine		Legal Last Name Snell
Legal First Name	Middle Name	Suffix
First Name	Middle Name	Suffix
Street Address		
Street Address		
Street Address 2		
Street Address		
City	State Zip Code	Country
City	✓ Zip Code	USA
Email csnell7178@gmail.com		
Your Date of Birth (yyyy-mm-dd)		
yyyy-mm-dd		
✓ Create		

- 8. Click Create
- 9. Presented with RIT UID
- 10. A service request ticket is automatically generated for the RIT Service Center to add an account type affiliation. The account sponsor will receive an approval request.

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Hi David!					
Your approval is required for the following request.					
Request Item Number: RITM0120665 Requested for: CLAWS ID Card Item: Affiliation Assignment Short description:					
Request Details					
External Email: First Name: Last Name: UID: Requested Affiliation Type: Temp/Contractor via agency (Datrose, etc.) Sponsor Name: Sponsor Email:					
Additional Details					
Reason for the approval: An approval was manually generated for this task					
Approve Reject					

- 11. Once the approval is received, the RIT Service Center will add the affiliation.
- 12. Process complete